

Name
in
Full

Paul E. Bucknighane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

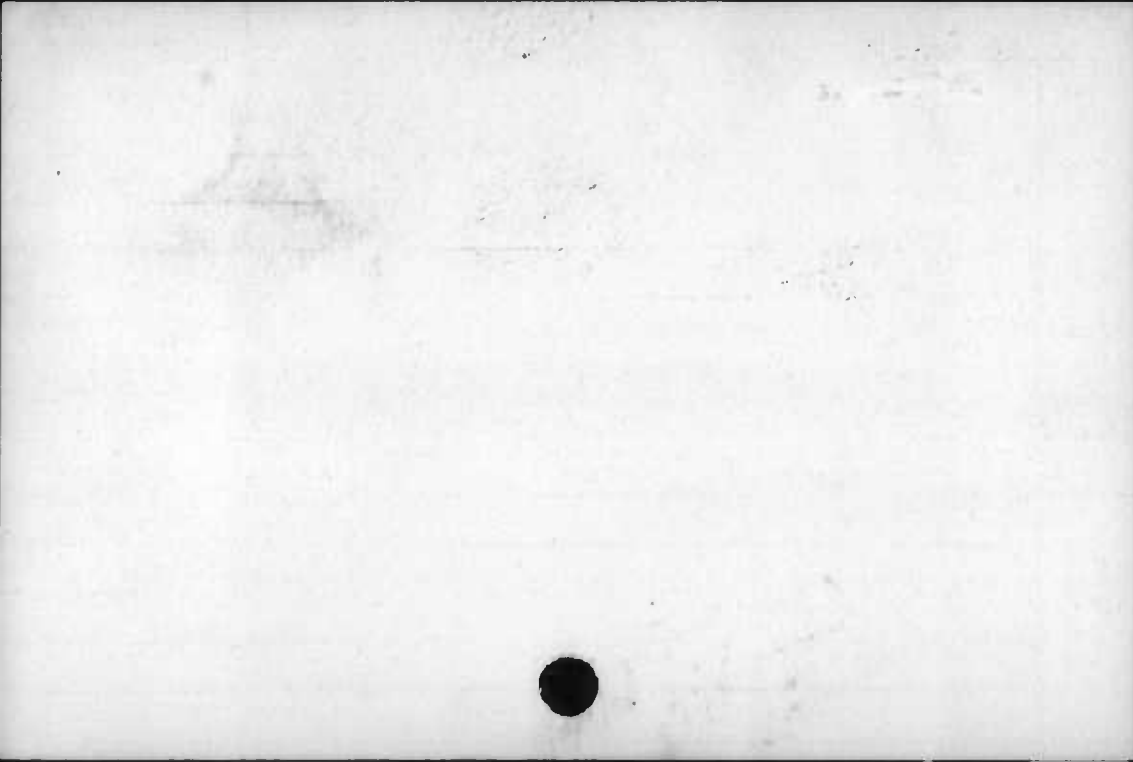
Died John ^{Town} <i>Daniel</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death	19 <i>00</i>	Month	<i>3</i>	Day	<i>1</i>
Age		<i>11</i>	Years	Months	<i>3</i>
Sex		<i>Male</i>	Color or Race	<i>White</i>	Birth-place
Occupation		<i>Farming -</i>		Where Residing if not at place of death	
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband	
Father's Name		<i>Chas. H. Bucknighane</i>		Father's Birthplace	
Mother's Maiden Name		<i>Rosanna H. McLean (deceased)</i>		Mother's Birthplace	
Name of person giving information		<i>Renaud L. Bucknighane</i>		How related to deceased	
				<i>Pister</i>	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Grippe</i>	How long	<i>about 3 weeks</i>
Immediate	<i>Acute Nephritis Uremia</i>	How long	<i>about 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>E D Brink</i>	
		Address	
		<i>Winfield</i>	
		<i>Carroll Co.</i>	
Accident or Suicide?			



Ruth Calder

MARYLAND

-Died at *Maple Grove* ^{town} *Canolf* ^{County}

Date of death 190	Month 3	Day 20	Age 87	Years 7	Months 2	Days
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Sex *Female* Color or Race *White* Birth-place *Lowell Co*

Occupation *Housewife*

Where Residing if not
at place of death

~~Married, Single~~ *Widow*
or Widowed

Name of ~~Wife or~~
Husband

Joshua Caltrider

Father's Name *John Price*

Father's Birthplace *Carroll Co*

Mother's Maiden Name Catherine Leathides

Mother's Birthplace *Canoll Co*

Name of person giving information Wesley Frank

How related to deceased *NONE*

CAUSES OF DEATH

Primary *Chronic Kallenberg's Stomach* How long *See Gen*

immediate

Genm. Schults

How long 3-4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

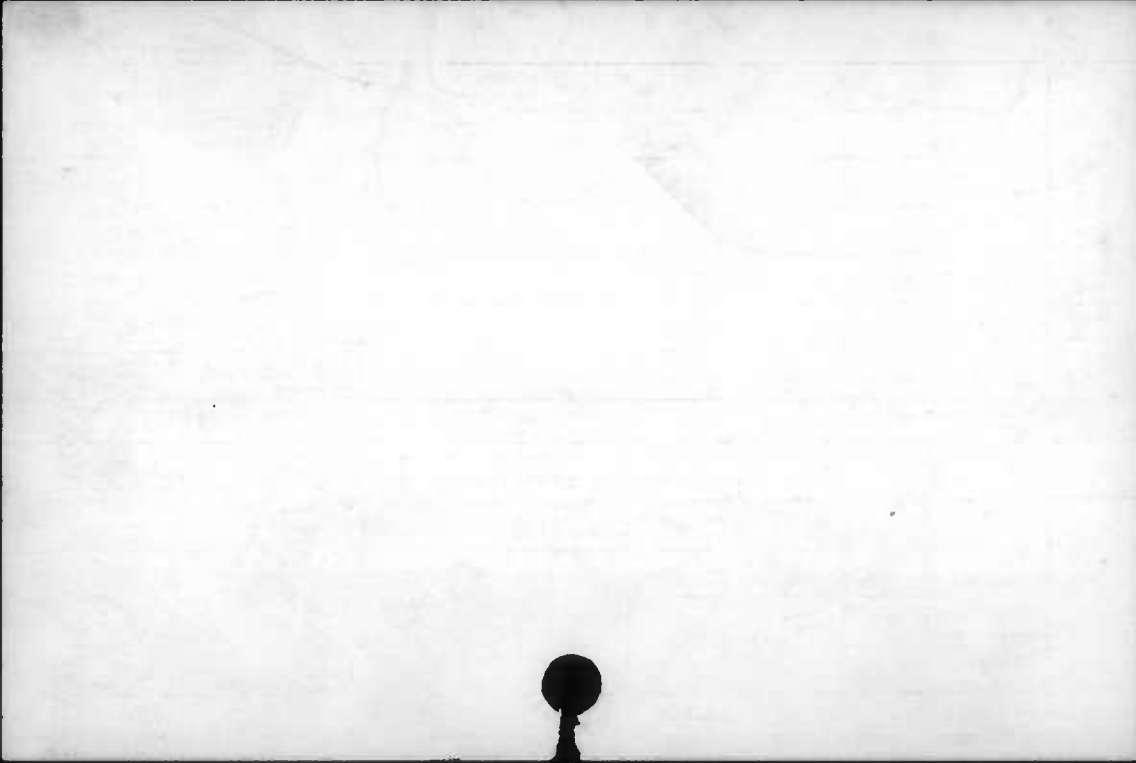
Address

Accident or Suicide

OFFICE SUPPLY CO., 11-15-08

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

John H. Conway.

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} *Bennett* ^{County} *Carroll*

Date of death 19*40* Month *3* Day *3* Age *77* Years Months *5* Days *6*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Farmer* Where Residing if not at place of death *Bennett Md -*

Married, Single or Widowed *Married* Name of Wife *Ruth A.E. Shipley -*
Husband

Father's Name *Reuben Conway -* Father's Birthplace *Unknown*

Mother's Maiden Name *Susanna Cooper* Mother's Birthplace *Unknown*

Name of person giving information *Ruth A.E. Conway* How related to deceased *Wife.*

CAUSES OF DEATH

10^v

Primary *Griff* How long *3 weeks*

Immediate *Pneumonia* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E D Brink*

Address *Winfield
Carroll Co.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Ebenzer

Name
in
Full

Arthur A. Cross

No 585
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster Town Barro County
Date of death 1960 March Month 31 Day Age 7 Years Months Days
Sex Male Color or Race Black Birth-place Maryland
Occupation _____ Where Residing if not at place of death _____
Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name John J. Cross Father's Birthplace MD
Mother's Maiden Name Eva McBlaney Mother's Birthplace "
Name of person giving Information John J. Cross How related to deceased Father

CAUSES OF DEATH

Primary Septicus neonatorum How long 2 day
Immediate exhaustion How long _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Henry L. Fighley M.D.
Address 110 E. Main St. Westminster Md.

Accident or Suicide no.

Ellsworth Cramer
Shinner

Name
in
Full

CERTIFICATE OF DEATH

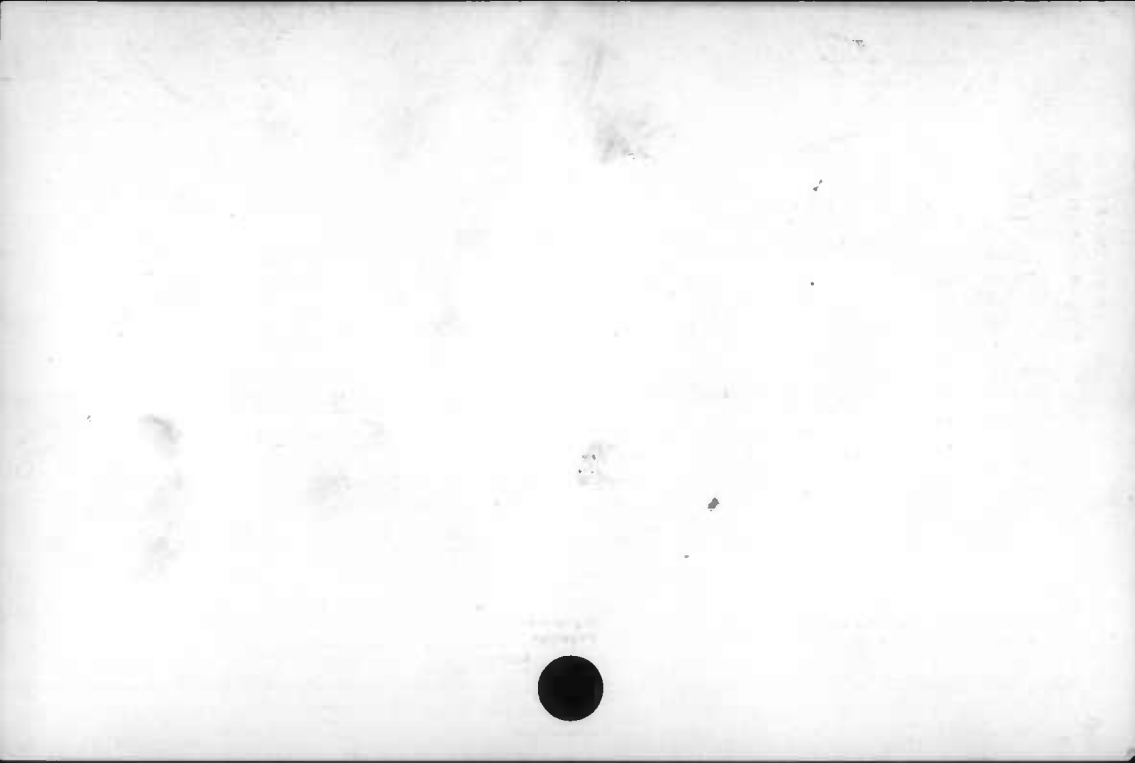
TO BE ANSWERED BY
NEAREST FRIEND

Catharine Cruse		Town		County		MARYLAND	
Died at		Henryton		Carroll			
Date of death	1940	Month	Mar	Day	30	Age	77
Sex	Female	Color or Race	White	Birth-place	Germany	Months	
Occupation	Housewife	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband		Charles Cruse (Dead)			
Father's Name	Dont Known			Father's Birthplace	Germany		
Mother's Maiden Name	Dont Known			Mother's Birthplace	Germany		
Name of person giving Information	John P. Nee			How related to deceased	Son		

CAUSES OF DEATH

Primary	Nephritis (Chronic)	How long	2 years
Immediate	Exhaustion from Bed Sores	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Daniel B. Sprecher		
	Address		
	Sykesville Md.		
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Charles Y. Disney

Town

County

Died at

Springfield State Hosp. Sykesville

Carroll

MARYLAND

Date

Month

Day

Years

Months

Days

of death

190

Mar.

14

Age

32

Sex

Male

Color or
Race

white

Birth-
place

Maryland

Occupation

Laborer

Where Residing if not
at place of death

at place of death.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Unknown

Father's
Name

Snowden Disney

Father's
Birthplace

Maryland

Mother's
Maiden Name

Amelia Beatty

Mother's
Birthplace

Maryland

Name of person giving
Information

Hospital Record.

How related
to deceased

CAUSES OF DEATH

67

Primary

General Paresis

How long

About 4 yrs & 6 mos?

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Alec P. Harrison

Address

Springfield State Hospital
Sykesville Md.

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Evelyn Floyd
New Marlborough Canell County

Date

of death

1910 Nov

Day

8

Age

Years

1

Months

8 10

Days

15

Sex

Female

Color or
Race

White

Birth-
place

Howard Co.

Occupation

None

Where Residing if not
at place of death

At home

~~Married~~, Single
or WidowedName of Wife or
husbandFather's
Name

Wm. F. Floyd

Father's
Birthplace

Ohio

Mother's
Maiden Name

Alice V. Scivnor

Mother's
Birthplace

Canell Co.

Name of person giving
In formation

Laurd A Scivnor

How related
to deceased

W. Factor

CAUSES OF DEATH

Primary

Pneumonia

How long

3 1/2 days

Immediate

Effects of same

How long

One day

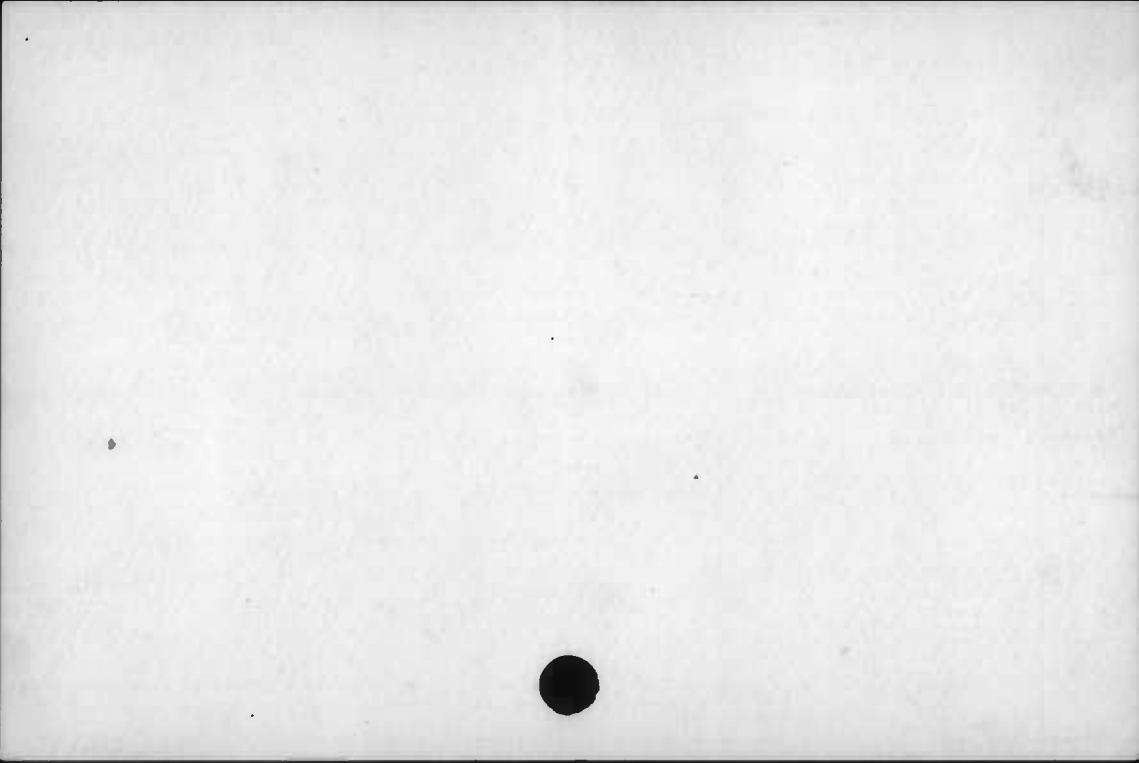
Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

C. W. Hoffinger
Sykesville.
Md.~~Accident or Suicide?~~



Name
in
Full

CERTIFICATE OF DEATH

Fannie May Fogle

Town

County

MARYLAND

Died near Danington

Barroll

Date

Month

Day

Years

Months

Days

of death

1940

Mar

15

Age

40

2

24

Sex

Female

Color or
Race

white

Birth-
place

Bidenick Co.

Occupation

House-wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Geo. P. Fogle

Father's
Name

John W. Burrier

Father's
Birthplace

Fred's Co.

Mother's
Maiden Name

Mary C. Brucher

Mother's
Birthplace

Fred's Co.

Name of person giving
In formation

Oda Burrier

How related
to deceased

Sister

CAUSES OF DEATH

120

Primary

Chronic Nephritis

How long

6 mo -

Immediate

Uremic Coma

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

G. Harold M. Bennett

Address

Danington

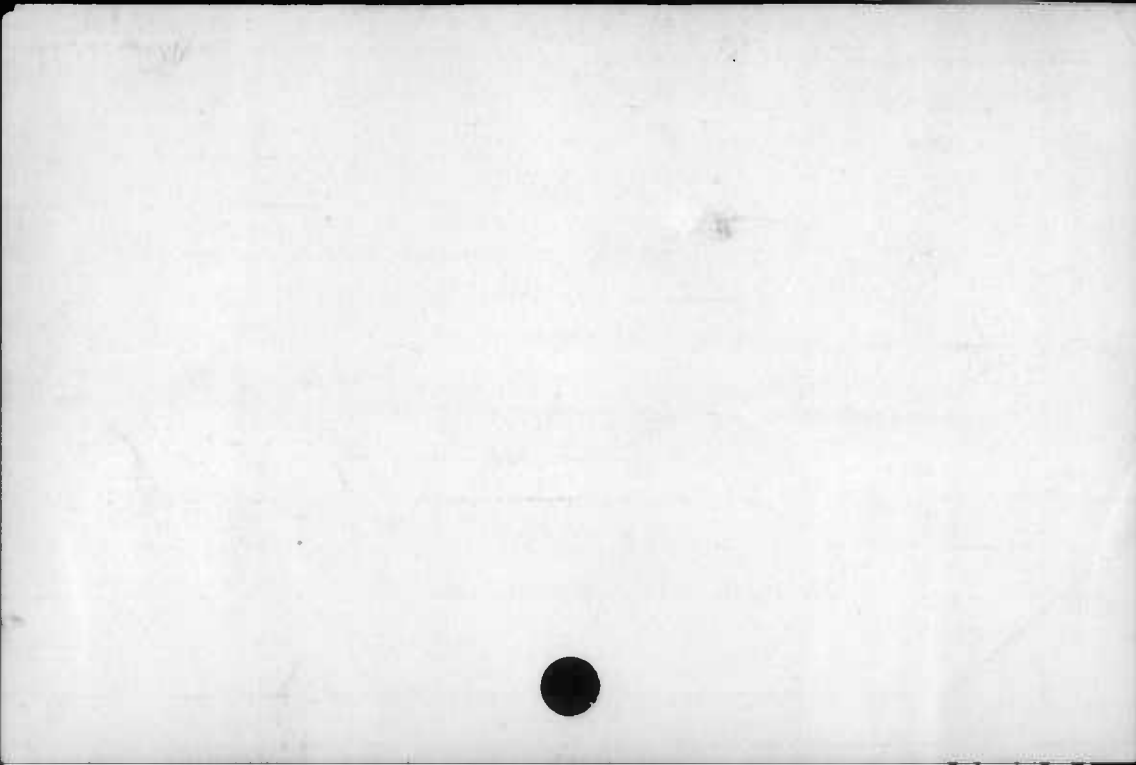
Md

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

+



Name
in
Full

F. xausaunah Fogle

CERTIFICATE OF DEATH

Town

County

Died at Union Bridge Carroll V

MARYLAND

Date

of death 1910

Month

Mar

Day

12

Years

66

Months

4

Days

21

Sex

Female

Color or
Race

white

Birth-
place

Carroll, Co, Md

Occupation

Housewife

Where Residing if not
at place of death

same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Daniel R. Fogle

Father's
Name

John Billmeyer

Father's
Birthplace

Unknown

Mother's
Maiden Name

Margaret Billmeyer

Mother's
Birthplace

Unknown

Name of person giving
In formation

Daniel R. Fogle

How related
to deceased

Husband

CAUSES OF DEATH

43

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Primary

Carcinoma (breast) metastatic

How long

3 yrs

Immediate

General asthenia

How long

6 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

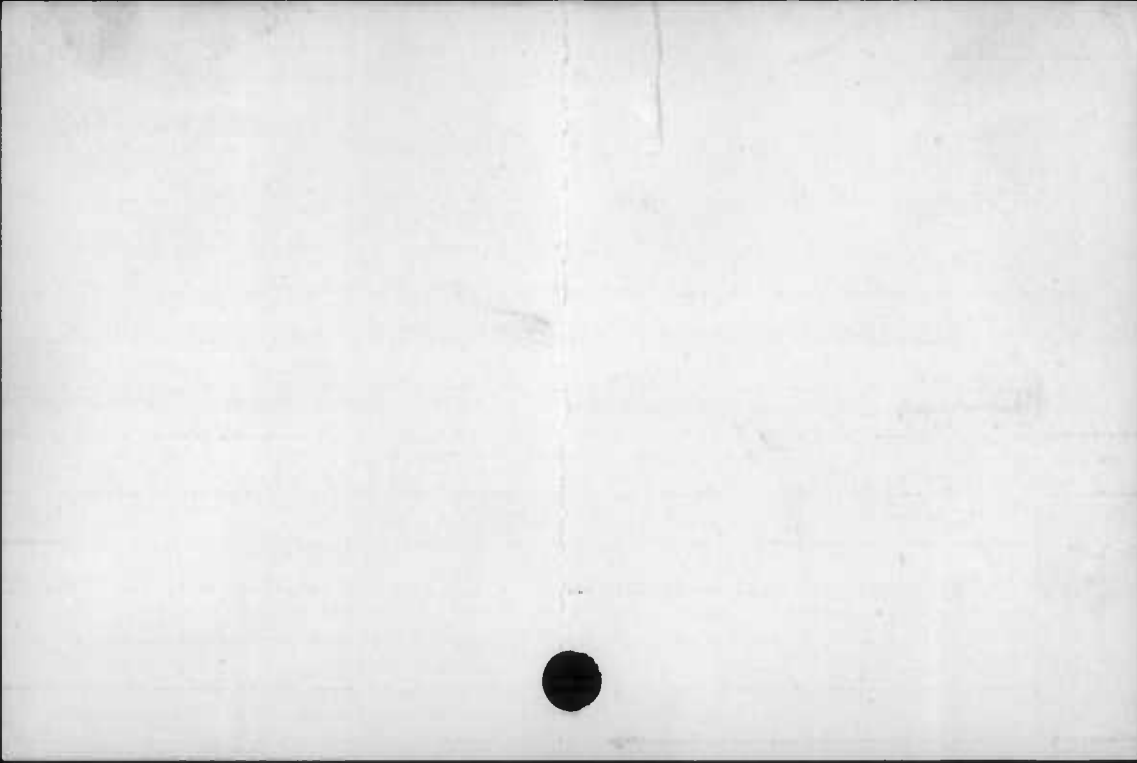
T. H. Legg

Address

Union Bridge, Md

Accident or Suicide?

No



Name
in
Full

Magdalena Fringer

CERTIFICATE OF DEATH

Died at

Taneytown

County

Carroll

MARYLAND

Date

of death

1900 March 27

Age 67

10

27

Sex

Female

Color or
Race

White

Birth-
place

Carroll Co Ind

Occupation

Housewife

Where Residing if not
at place of deathMarried, ~~single~~~~or Widowed~~

Married

Name of ~~Wife or~~
Husband

Michael Fringer

Father's
Name

Benjamin Koons

Father's
Birthplace

Carroll Co Ind

Mother's
Meiden Name

Eliza Frock

Mother's
Birthplace

" " "

Name of person giving
Information

Michael Fringer

How related
to deceased

Husband

CAUSES OF DEATH

47

V

Primary

Rheumatism & Heart disease 10 years

Immediate

Heart failure

How long

How long

36 hours.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

G. H. Davis, M.D.

Address

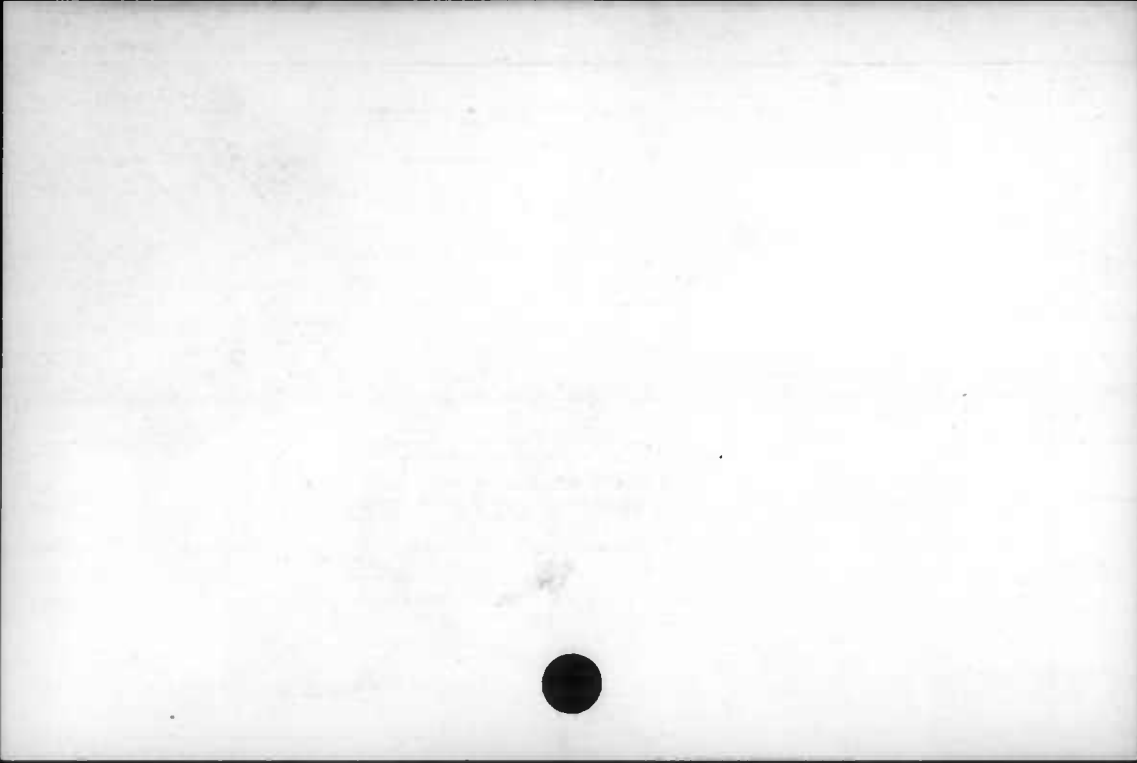
Taneytown

Accident or Suicide

220

M.D.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Gardner

No 581
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster Town Carroll County MARYLAND
Date of death 1940 Month March Day 28 Age 81 Years 10 Months 18 Days
Sex Female Color or Race White Birth-place Maryland
Occupation House Wife Where Residing if not at place of death _____
Married, Single or Widowed Widow Name of Wife or Husband Joseph Gardner
Father's Name Peter Ohler Father's Birthplace Maryland
Mother's Maiden Name Mary Weyant Mother's Birthplace do
Name of person giving Information Mae Gardner How related to deceased Daughter

CAUSES OF DEATH

Primary Cerebral Hemorrhage How long 10 days
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. W. Sullivan
Westminster, Md

Accident or Suicide

Ferrytown
Shaner

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jane Green</i>		Town <i>Benett</i>		County <i>Canoll</i>		MARYLAND	
Died at <i>Benett</i>		Date of death <i>1940</i>		Month <i>3</i>		Day <i>22</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Age <i>76</i>		Years <i>76</i>	
Birth-place <i>Maryland</i>		Months <i>—</i>		Days <i>—</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Benett Md.</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Daniel Green (deceased)</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Emma Talbot</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Mitral Insufficiency</i>	How long <i>15 yrs.</i>
Immediate <i>General Dropsy</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ed Crank</i>
	Address <i>Winfield Canoll Co.</i>
Accident or Suicide?	

White Rock

Name
in
Full

William Green

10580
CERTIFICATE OF DEATH

MARYLAND

Died at

Westminster Carroll

Date
of death

1940 Mar 24 Age 30

Months

2

Days

4

Sex

Male

Color or
Race

Colorede

Birth-
place

Maryland

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Leont Know

Father's
Birthplace

Mother's
Maiden Name

Leont Know

Mother's
Birthplace

Name of person giving
Information

Mr

Hammer

How related
to deceased

none
Stewart

CAUSES OF DEATH

Primary

How long

99

Immediate

Pulmonary Hemorrhages

How long

3 months

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John J. Stewart
Westminster
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ellsworth Cemetery
Storer, ✓

Name
in
Full

Henry Gunther

No 573
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Westminster* County *Carroll* MARYLAND

Date of death 19*40* Month *Mar* Day *4* Age *74* Years Months *6* Days *17*

Sex *male* Color or Race *white* Birthplace *Germany*

Occupation *Farmer* Where Residing if not at place of death *Home*

Married, Single or Widowed *married* Name of Wife or *Anna Catherine Gunther*

Father's Name *Chas Gunther* Father's Birthplace *Germany*

Mother's Maiden Name *Don't know* Mother's Birthplace *—*

Name of person giving Information *Mrs Anna Gunther* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Bladder Inflammation* How long *2 Year*

Immediate *Heart Failure* How long *one month*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jas. H. Billings
Westminster
MD.

Accident or Suicide

no

PHYSICIAN
OR CORNER

St. Vincent's Reform Cemetery
Spencer

Name
in
Full

CERTIFICATE OF DEATH

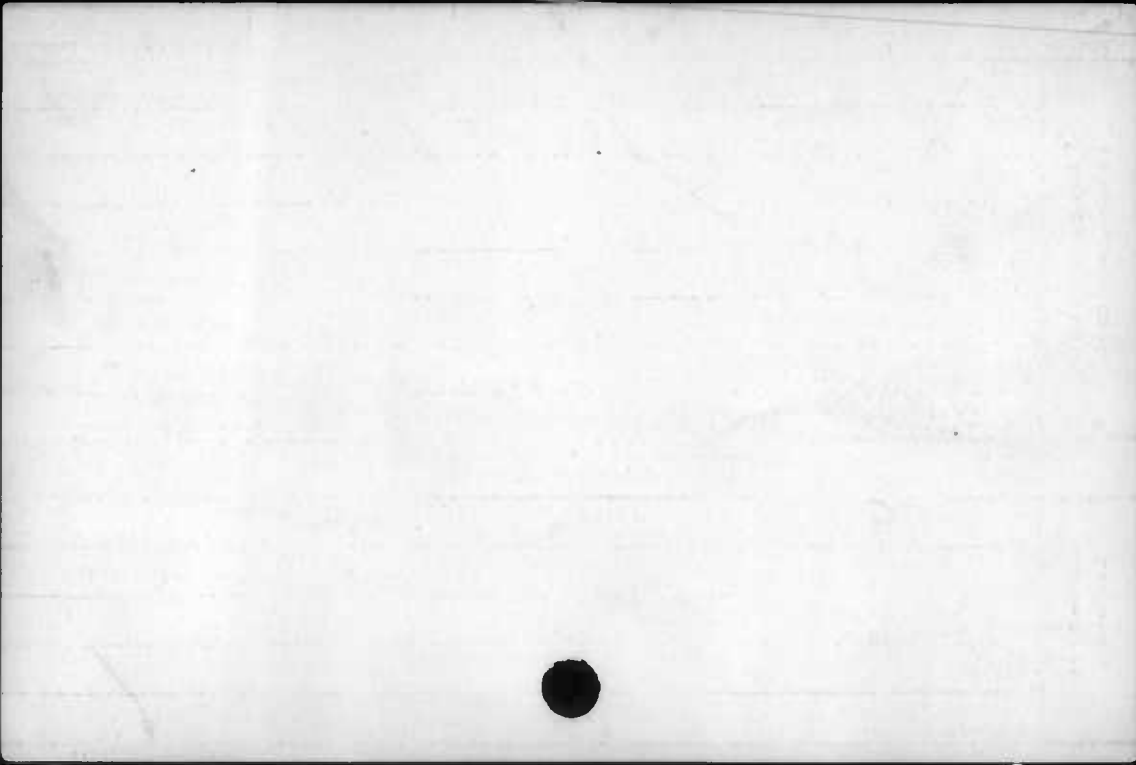
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Uniontown</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>March</i>	Day <i>13</i>	Years <i>71</i>	Months <i>4</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Uniontown</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John S. Hamburg</i>				
Father's Name <i>Wm W. Wakefield</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Jemima W. Z. ownalt</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Claude Crouse</i>			How related to deceased <i>Brother son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>10 Days</i>
Immediate <i>Pneumonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Lucas D. Smith</i>
	Address <i>Uniontown Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hepner, Daniel

Town

County

MARYLAND

Died at

Sylkesville

Barroll

Date

of death 1940

Month

3

Day

21

Age

75

Years

Months

9

Days

13

Sex

male

Color or
Race

white

Birth-
place

Virginia

Occupation

R.R. Trackman

Where Residing if not
at place of death

-

Married, Single
or Widowed

married

Name of Wife or
Husband

Martha Hepner

Father's
Name

John Hepner

Father's
Birthplace

Germany

Mother's
Maiden Name

unknown

Mother's
Birthplace

unknown

Name of person giving
Information

Cora Hepner

How related
to deceased

son

CAUSES OF DEATH

79

Primary

Valvular Heart Disease

How long

Immediate

Pulmonary Edema

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

M. Frank Lucas, M.D.
Sylkesville, Ind -

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Fullno 578
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		March	20	64	64	3	2
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Martha E Lockard			
Father's Name	Lewis Hoff					Father's Birthplace	Germany
Mother's Maiden Name	Hannah Myers					Mother's Birthplace	Penn ^a
Name of person giving information	Martha E Hoff					How related to deceased	Wife

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation	How long	Several years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E M. Sullivan	
Address			
Accident or Suicide?			

Shaver
Sandhills

Name
in
Full

Jacob M. Hoff

no 576
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandysville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1960</i> <small>Year</small>	<i>13</i> <small>Month</small>	<i>15</i> <small>Day</small>	<i>76</i> <small>Age</small>	<i>1</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Marketman</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mary Uhler</i>		
Father's Name	<i>John Hoff</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Elija Gardner</i>		Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Albert Hoff</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>4 days</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>D. M. Sullivan</i>
		Address	<i>Westminster, Md.</i>
Accident or Suicide?			

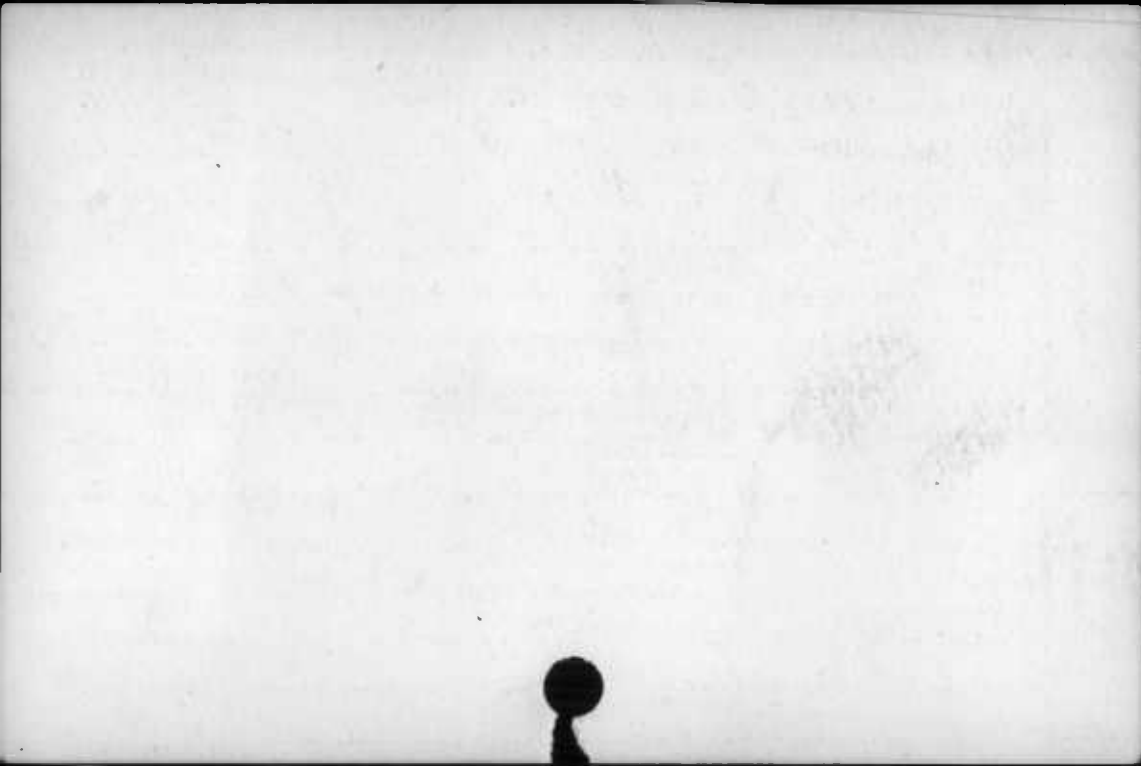
Shaver

Sandyville

Name in Full		CERTIFICATE OF DEATH			
Joseph Ezra Kiler		Town		County	
Died at Murston		Barroll		MARYLAND	
Date of death		Month	Day	Years	Months
1940 March 10				Age 46	6 Days 5
Sex Male		Color or Race White		Birth-place Md	
Occupation Laborer		Where Residing if not at place of death Murston			
Married, Single or Widowed Married		Name of Wife or Husband Wilora Kiler			
Father's Name Isaac Kiler		Father's Birthplace Md			
Mother's Maiden Name Elizabeth Hooker		Mother's Birthplace Md			
Name of person giving information Samuel Bond		How related to deceased No			
CAUSES OF DEATH					
Primary		178 ✓			
Immediate		Supposed to be heart disease immediately			
Are the name, age, sex, color, date and place correctly given above?		Yes			
Signature of Physician		J. Edward West			
Address		Acting as Coroner & Justice of the Peace New Windsor Md			
No foul play suspected an inquest unnecessary					
Accident or Suicide					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

James Konrad

Town

County

MARYLAND

Died at Springfield Hospital

Carnall

Date

of death

1980

Month

March

Day

12th

Age

Years

64

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Bohemia

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Unknown

Father's
Name

Thomas Konrad

Father's
Birthplace

Bohemia

Mother's
Maiden Name

Barbara Karons

Mother's
Birthplace

"

Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

158

Primary

Insanity

How long

about 13 mth

Immediate

Suicide by drowning

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

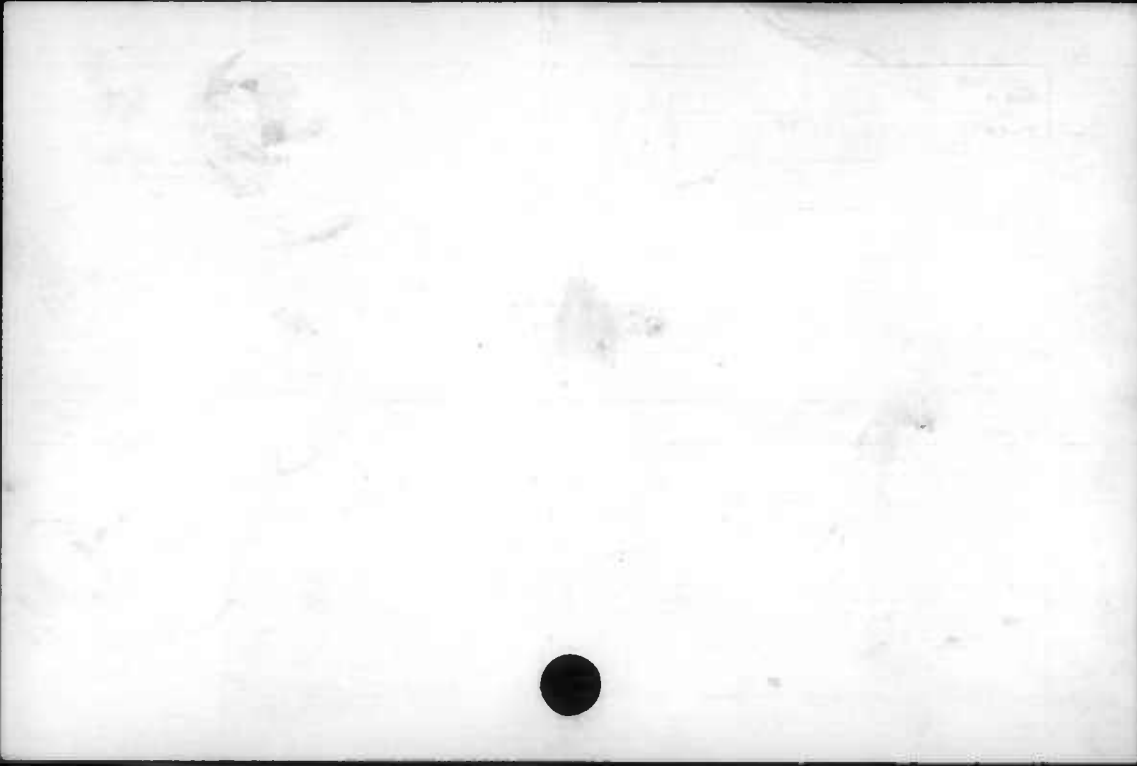
Address

Harry P. Lewis
Coroner

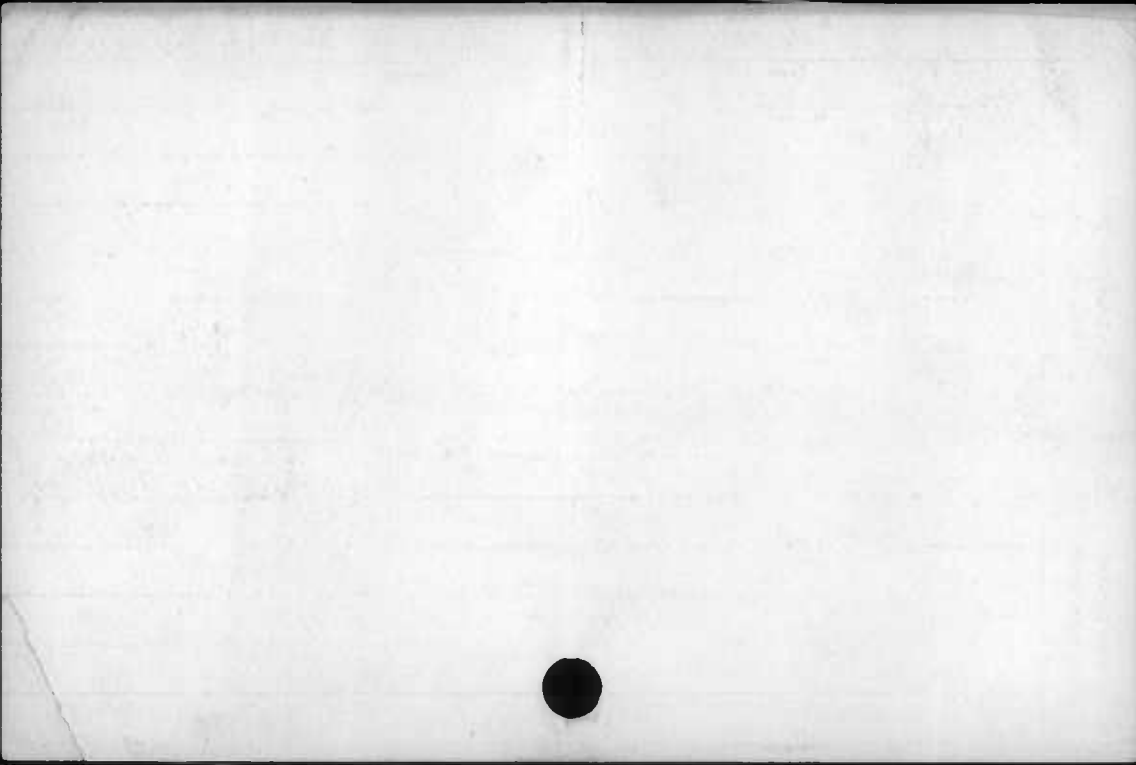
Accident or Suicide

yes.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Rachael Elizabeth Lee				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Eldersburg</i>		Town		County			
		Died at <i>Eldersburg</i>		County		MARYLAND			
		Date of death	19 <i>10</i>	Month	<i>March</i>	Day	<i>15</i>	Age	<i>74</i>
				Months	<i>7</i>	Days	<i>11</i>		
		Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Balto. Co.</i>
		Occupation	<i>Housewife</i>		Where Residing if not at place of death		<i>same</i>		
		Married, Single or Widowed	<i>married</i>		Name of Wife Husband		<i>Robert Lee</i>		
Father's Name		<i>Wm. Barnett</i>				Father's Birthplace		<i>Balto. Co.</i>	
Mother's Maiden Name		<i>Elizabeth Crooks</i>				Mother's Birthplace		<i>Carroll Co.</i>	
Name of person giving information		<i>Robt. Lee</i>				How related to deceased		<i>Husband</i>	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		<i>Senile Debility</i>				<i>-</i>			
		Immediate				How long			
		<i>Valvular Heart Disease</i>				<i>3 yrs</i>			
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician		<i>M. D. Morris</i>			
				Address		<i>Eldersburg.</i>			
<i>XI</i>		Accident or Suicide?		<i>no.</i>					



Name
in
Full

CERTIFICATE OF DEATH

Annie Rider Linton

Town

County

Died at Springfield State Hosp Carroll

MARYLAND

Date of death 1910 March 30 Age 73 Months — Days —

Sex Female Color or Race White Birth-place Ind

Occupation Bone

Where Residing if not
at place of deathMarried, Single
or Widowed WidowName of Wife or
Husband

Father's Name Washington Rider

Father's Birthplace Ind

Mother's Maiden Name Mary Hodges

Mother's Birthplace Ind

Name of person giving
Information Hospital RecordsHow related
to deceased

CAUSES OF DEATH

154

Primary

Senile Dementia

How long

5 years

Immediate

Ephraustion

How long

Progressive

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

S. H. Smarely

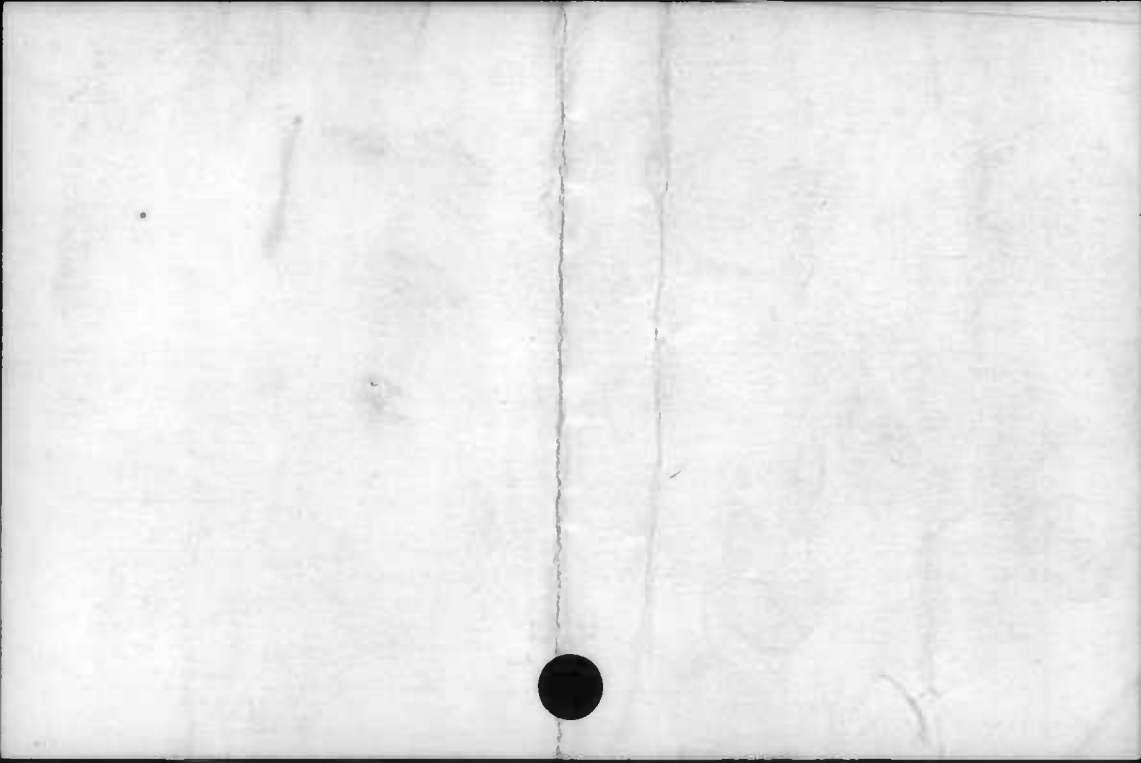
Address

Springfield State Hosp
Sykesville, Ind

Accident or Suicida

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORDNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sophia Lustig

Town

County

MARYLAND

Died at Dykesville

Carroll

Date

Month

Day

Years

Months

Days

of death

19010

March

5th

Age

42

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of
Husband

Albert George Lustig

Father's
Name

John Devin

Father's
Birthplace

Germany

Mother's
Maiden Name

Catherine Hoprain

Mother's
Birthplace

Germany

Name of person giving
Information

Albert George Lustig

How related
to deceased

Husband

CAUSES OF DEATH

Primary

General Paresis

How long

5 years

Immediate

Exhaustion

How long

Progressive

Are the name, age, sex, color, data
and place correctly given above?

Yes.

Signature of
PhysicianJohn Norfolk Morris, M.D.
Address
Springfield State Hospital
Dykesville, Maryland

Accident or Suicide

-

PHYSICIAN
OR CORONER

X



Name
in
Full

Robert R. Massicott

M 575
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westminster ^{County} Carroll MARYLAND
Date of death 1968 ^{Month} Mar ^{Day} 10 ^{Age} 1 ^{Years} 6 ^{Months} 2 ^{Days}
Sex Male Color or Race White Birthplace Maryland
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____
Father's Name James M. Massicott Father's Birthplace Maryland
Mother's Maiden Name Margaret Lehest Mother's Birthplace Maryland
Name of person giving Information James M. Massicott How related to deceased Father

CAUSES OF DEATH

Primary Bacterial bronchopneumonia 12 days
How long

Immediate Respiratory Failure

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

J. J. Boorman

Accident or Suicide

PHYSICIAN
OR CORONER

St Johns Catholic Cemetery
Stoner.

Name
in
Full

Lewis W. Miller

CERTIFICATE OF DEATH

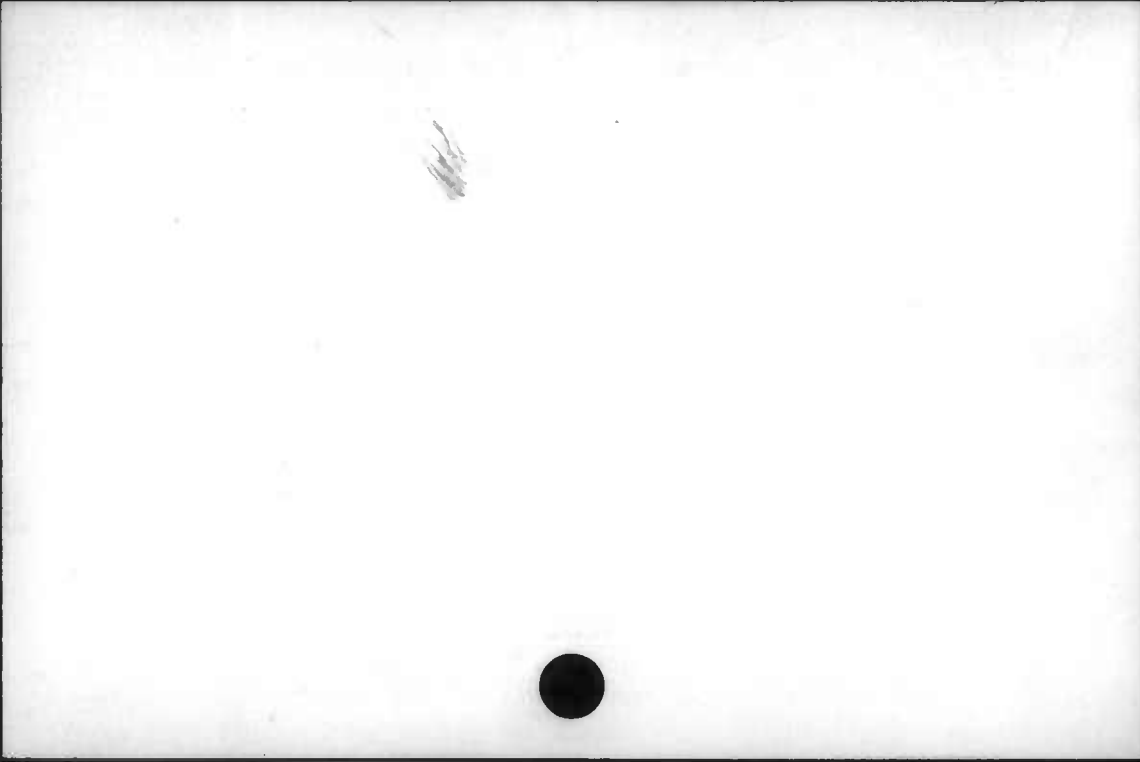
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		3	8	53		2	1
Sex	Male	Color or Race	White	Birth-place	Manchester Dist.		
Occupation	Farmer			Where Residing if not at place of death	Lineboro		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Magdalena Miller				
Father's Name	John Miller			Father's Birthplace	Carroll Co. Md.		
Mother's Maiden Name	Elizabeth Walker			Mother's Birthplace	Carroll Co. Md.		
Name of person giving Information	Mary A. Schaeffer			How related to deceased	Daughter		

CAUSES OF DEATH

Primary	Softening of the Brain		How long	One Year
Immediate	Paralysis		How long	48 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. R. Albaugh	
		Address	Glen Rock, Pa.	
Accident or Suicide	No.		R. F. S. #1	

PHYSICIAN
OR CORONER



Name
in
Full

NO 582
CERTIFICATE OF DEATH

George W. Mumford

Died at *Westminster* ^{Town} *Carroll* ^{County} MARYLAND

Date of death *1940* ^{Month} *Mar* ^{Day} *28* ^{Years} *51* ^{Months} *6* ^{Days} *20*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Annie Mumford*

Father's Name *George W. Mumford* Father's Birthplace *Maryland*

Mother's Maiden Name *Annie Rice* Mother's Birthplace *Maryland*

Name of person giving Information *George Mumford* How related to deceased *Son*

CAUSES OF DEATH

Primary

103
How long

Immediate

Gastric Catarrh

How long *6 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *James H. Dillard*

Address

*Westminster
Md*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Thurmont Cusley
Mones

Name
in
Full

Richard E. Munnay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hampstead</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death <u>19<u>60</u></u>	<u>Mar</u> ^{Month}	<u>3</u> ^{Day}	Age <u>5</u> ^{Years}	<u>5</u> ^{Months}	<u>20</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Hampstead</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married-Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Harvey E Munnay</u>		Father's Birthplace <u>Hampstead</u>			
Mother's Maiden Name <u>Lula A Miller</u>		Mother's Birthplace <u>Bulla CO</u>			
Name of person giving information <u>H E Munnay</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>3 months</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Sherman M.D.</u>
	Address <u>Manchester Ind</u>
Accident or Suicide?	

189

CP



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth C. Myers

Died at Taneytown ^{Town} Carroll ^{County}

MARYLAND

Date of death 1940 ^{Month} Mar. ^{Day} 17 ^{Years} Age 66 ^{Months} 11 ^{Days} 24Sex Female Color or Race White Birth-place Carroll Co.Occupation House-wife Where Residing if not at place of death _____Married, Single or Widowed married Name of ~~Wife~~ Husband Joseph MyersFather's Name Michael Babylon Father's Birthplace Carroll Co.Mother's Maiden Name Mary Bell Mother's Birthplace Carroll Co.Name of person giving information Joseph Myers How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Aortic Regurgitation ^{How long} 3 yearsImmediate Cardiac failure ^{How long} 2 hoursAre the name, age, sex, color, date and place correctly given above? Yes.Signature of Physician Chandos M. Benner M.D.Address Taneytown
Md.Accident or Suicide? _____



Name
in
Full

Narval Riley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hosp.</i>		County <i>Carroll</i>		MARYLAND	
Date of death	19 <i>00</i>	Month <i>March</i>	Day <i>14</i>	Age <i>70</i>	
Sex <i>M</i>	Color or Race <i>White</i>		Birth-place <i>md.</i>		
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wifa or Husband				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>				
Name of parson giving Information <i>Hospital records</i>	How related to deceased				

CAUSES OF DEATH

64 ✓
How long*Unknown*

How long

1 mth.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Chas. J. Conroy
Lykerville Md.

Accident or Suicide

*No*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

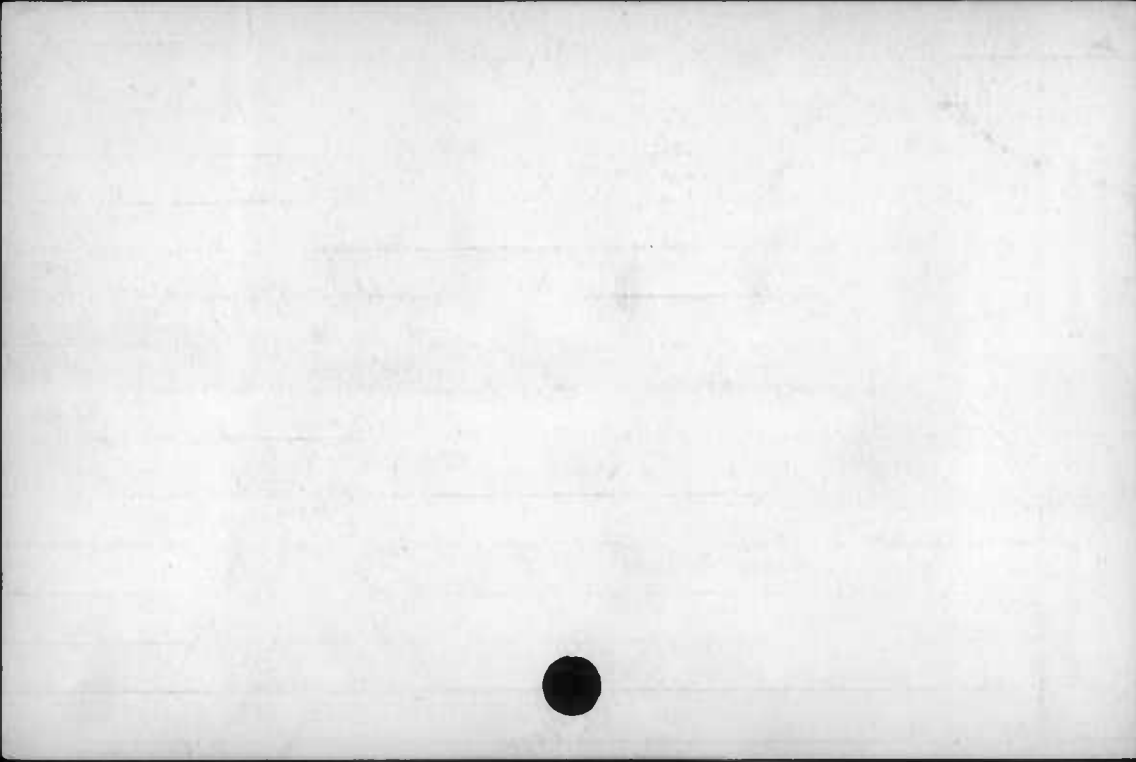
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hampstead</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death <u>1900</u>	Month <u>3</u>	Day <u>9</u>	Age <u>66</u>	Months <u>3</u>	Days <u>X</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Harney Md.</u>		
Occupation <u>Carpenter</u>	Where Residing if not at place of death <u>Hampstead, Md.</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Catherine L. Ringman</u>				
Father's Name <u>Henry Ringman</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Charity Shriver</u>	Mother's Birthplace <u>Harney Md.</u>				
Name of person giving information <u>Anna V. Vandiver</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <u>19</u> ✓
Immediate <u>Sudden Heart Failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Edgar M. Bush M.D.</u>
	Address <u>Hampstead, Md.</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Samuel Roof

No 577
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster Town Carroll County MARYLAND

Date of death 1960 Month Mar Day 16 Age 62 Years Months 4 Days 6

Sex Male Color or Race White Birth-place Carroll Co., Md.

Occupation Retired Farmer Where Residing if not at place of death —

Married, Single or Widowed Widower Name of Wife or Husband Eugenia Cleveland (Deed)

Father's Name John Roof, Jr. Father's Birthplace Carroll Co. Md.

Mother's Maiden Name Lydia Engel Mother's Birthplace Carroll Co. Md.

Name of person giving Information Mrs. M. J. Woodward How related to deceased Sister

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary Paralysis Agitans, Paralysis & Myelitis How long 10 years

Immediate Uremia & Oedema of Lungs How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician M. J. Woodward

Address Westminster, Md.

Accident or Suicide —

Shaver
Widow Branch

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Uniontown* TownCounty *Carroll*Date of death *1990* Month *March*Day *13*Age *3* YearsMonths *2*Days *20*Sex *male*Color or Race *white*Birth-place *md*

Occupation _____

Where Residing if not at place of death *Uniontown*

Married, Single or Widowed _____

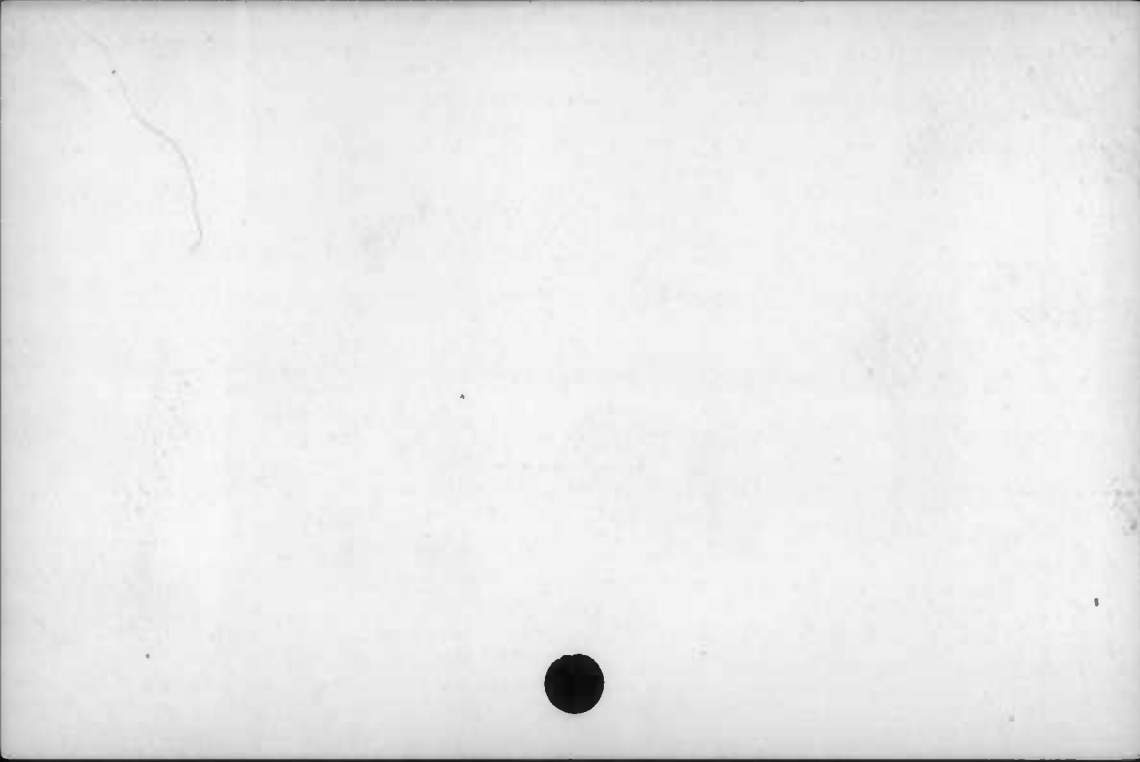
Name of Wife or Husband _____

Father's Name *Mr. Guy Regaforce*Father's Birthplace *md*Mother's Maiden Name *Pearl McCalister*Mother's Birthplace *md*Name of person giving information *Rev. P. E. Engler*How related to deceased *no*

CAUSES OF DEATH

Primary *Cervical Cellulitis*How long *130 A*Immediate *Meningitis*How long *3 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Luther D. Engler*Address *Uniontown, Md.*

Accident or Suicide?



Name
in
Full

Robert Mowen Seipp

NO 688
CERTIFICATE OF DEATH

Died at Westminster Carroll County MARYLAND
Date of death 1900 April 31 Month Day Age 3 Years 1 Months 11 Days
Sex male Color or Race white Birth-place Maryland
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____
Father's Name Samuel Seipp Father's Birthplace Maryland
Mother's Maiden Name Jennie Deagon Mother's Birthplace Pennsylvania
Name of person giving Information Samuel Seipp How related to deceased Father

CAUSES OF DEATH

Primary Brown Snake How long one month
Immediate Spasm How long 6 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jas. H. Richardson
Westminster
MD

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

I

St Benjamins cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

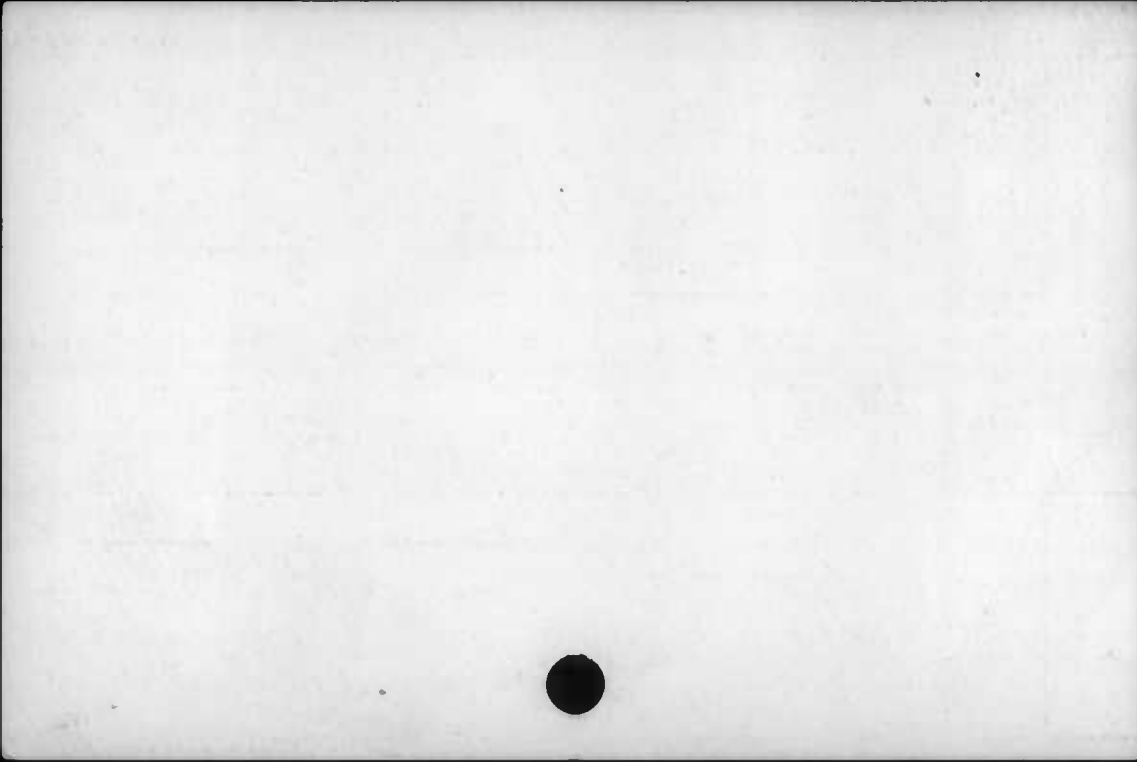
Name in Full Anna J. Sellman		Town New Windsor		County Harro		MARYLAND	
Died at		Date of death 1980		Month March		Day 27	
Sex Female		Color or Race White		Years 42		Months 8	
Birthplace Ind		Days 8		Occupation Homemaker		Where Residing if not at place of death New Windsor	
Married, Single or Widowed Married		Name of Wife or Husband Charles Sellman		Father's Name Alfred Bankard		Father's Birthplace Ind	
Mother's Maiden Name Laura Perry		Name of person giving Information Mrs Ed. Bankard		Mother's Birthplace Ind		How related to deceased Sister	

CAUSES OF DEATH

79 ✓

PHYSICIAN
OR CORONER

Primary	Cardiac disease	How long	3 years
Immediate	Cardiac dilatation	How long	Instantly
Are the name, age, sex, color, date and place correctly given above? yrs.		Signature of Physician Ira E. Whitehouse MD	
		Address New Windsor, Ind	
Accident or Suicide? —			



Name
in
Full

Margaret V B Stern

10 584
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster ^{Town} Carroll ^{County} MARYLAND

Date of death 1980 ^{Month} March ^{Day} 29 Age 72 ^{Years} 7 ^{Months} 7 ^{Days}

Sex Female Color or Race White Birth-place Maryland

Occupation House Wife Where Residing if not at place of death Sam's Creek Md

Married, Single or Widowed Married Name of Wife or Husband David E Stern

Father's Name Jacob Wilt Father's Birthplace Maryland

Mother's Maiden Name Elizabeth Franklin Mother's Birthplace Lev

Name of person giving Information David E Stern How related to deceased Husband

CAUSES OF DEATH

Primary Chronic Interstitial Nephritis

Immediate uraemia

120
How long

How long 8 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. M. Sullivan
Westminster, Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Rehner Ch. Sensus Crat
Shaner

Name
in
FullHarry Joshua Merriuson
Westminster ^{Town} Carroll ^{County}No 579
CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 1940 Mar 20 Age 26 Months 4 Days 27Sex Male Color or Race White Birth-place Maryland
Occupation Conductor Where Residing if not at place of deathMarried, Single or Widowed Single Name of Wife or Husband
Father's Name Alfred Merriuson Father's Birthplace Maryland
Mother's Maiden Name Helen Meigart Mother's Birthplace Maryland
Name of person giving Information Alfred Merriuson How related to deceased Father

CAUSES OF DEATH

Primary Brights Disease How long 120 One year
Immediate Anaemia How long One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Jas. H. Billingslea
Westminster
Md.

Accident or Suicide No -

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER
I

St. Benjamins Cemetery
Stouter ✓

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDThomas, Mary, Catharine
Town
Sykesville
County
Barroel

MARYLAND

Died at

Date

of death

1910

Month

3

Day

8

Age

Years

-

Months

7

Days

14

Sex

Female

Color or
Race

br.

Birth-
place

MD

Occupation

none

Where Residing If not
at place of death

-

Married, Single
or WidowedName of Wife or
Husband

-

Father's
Name

Blanner Thomas

Father's
Birthplace

MD

Mother's
Maiden Name

Bertha Elizabeth Rhubottom

Mother's
Birthplace

MD

Name of person giving
Information

Blanner Thomas

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia - Bronchitis

How long

One week

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. Frank Lucas, M.D.

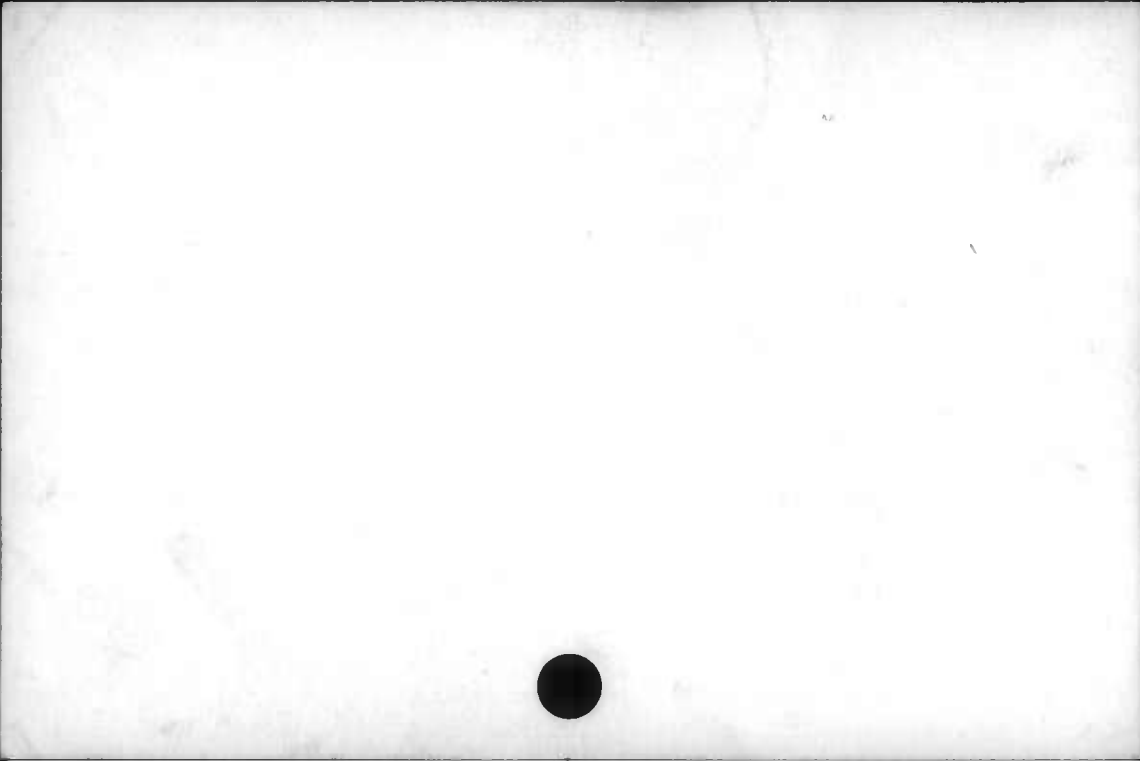
Address

Sykesville
MD

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

Amelia A Walker

CERTIFICATE OF DEATH

Died at ^{Town} near Bruceville		^{County} Carroll		MARYLAND	
Date of death 1910		Month	Day	Age	Months
10		Mar	30	65	8
Sex Female		Color or Race White		Birth-place Adams Co. Pa	
Occupation Housewife		Where Residing if not at place of death			
Married, Single or Widowed married		Name of Wife or Husband William B Walker			
Father's Name Stephen Getties		Father's Birthplace Adams Co Pa			
Mother's Maiden Name Elizabeth Snyder		Mother's Birthplace 4 1 4			
Name of person giving Information W. B. Walker		How related to deceased Husband			

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Neuralgia, pericarditis	How long	7 Mos
Immediate	Dropsy heart failure	How long	1 Month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Chas. H. Diller	
		Address	
		Ditona	
		md	
Accident or Suicide		No	

PHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

576

CERTIFICATE OF DEATH

MARYLAND

Name *Lydia Hampler* ✓
Town *Medford* County *Carroll*
Died at
Date of death *1960* Month *March* Day *Fourth* Age *62* Months *Eleven* Days *20*
Sex *Female* Color or Race *White* Birth-place *Near Avondale*
Occupation *House Wife* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Amos Hampler*
Father's Name *David Englar* Father's Birthplace *Priestland*
Mother's Maiden Name *Lorish Englar* Mother's Birthplace *Meadow Branch*
Name of person giving Information *Martha P. Englar* How related to deceased *Sister-in-law*

CAUSES OF DEATH

Primary *Cancer involving body of Uterus* How long *Three months*
Immediate *Exhaustion* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. H. Brown
New Windsor
Maryland

Accident or Suicide

Shaver
Widow Branch

Name
in
Full

Francis Weinert

NO 574
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{town} Westminster ^{County} Carroll MARYLAND

Date of death 19 ^{Month} 10 ^{Day} 7 Age ^{Years} 1 ^{Months} 7 ^{Days} 2

Sex Female Color or Race white Birthplace Maryland

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Walter C. Weinert Father's Birthplace Maryland

Mother's Maiden Name Louise Witte Mother's Birthplace Maryland

Name of person giving Information Walter C. Weinert How related to deceased Father

CAUSES OF DEATH

Primary Catarrhal Pneumonia How long 6 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

L. L. Woodward
Westminster
Md

Accident or Suicide

no

PHYSICIAN
OR CORONER

St Benjamins Reform Cemetery
Stones.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Whitehill* Town *Union Bridge* County *Carroll* MARYLAND

Died at *Union Bridge*

Date of death 19*40* Month *3* Day *17* Age *59* Months *4* Days *18*

Sex *Male* Color or Race *White* Birth-place *Fred. Co. Md*

Occupation *Farmer,* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Susan Whitehill*

Father's Name *John Whitehill* Father's Birthplace *Md*

Mother's Maiden Name *Barbara Worman* Mother's Birthplace *Md*

Name of person giving Information *Susan Whitehill* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Arterio Sclerosis* How long *34 years*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, data and place correctly given above?

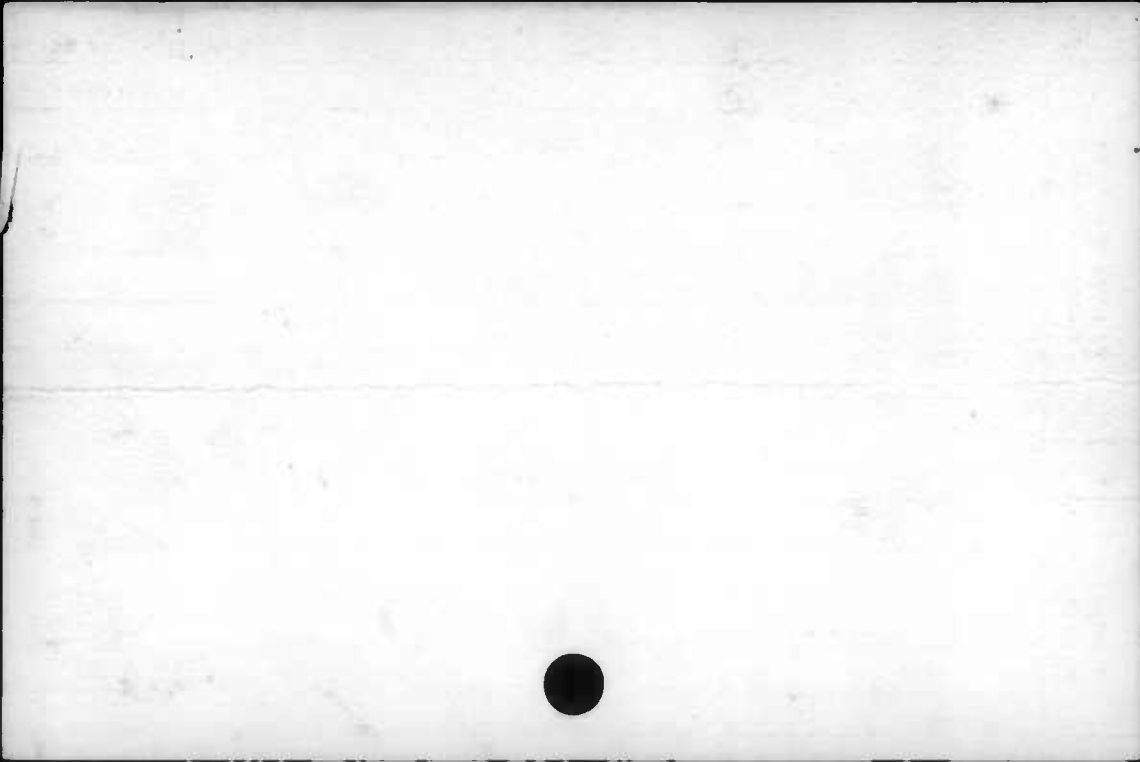
yes

Signature of Physician

Address

D^r Ira E Whitehill
New Windsor Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

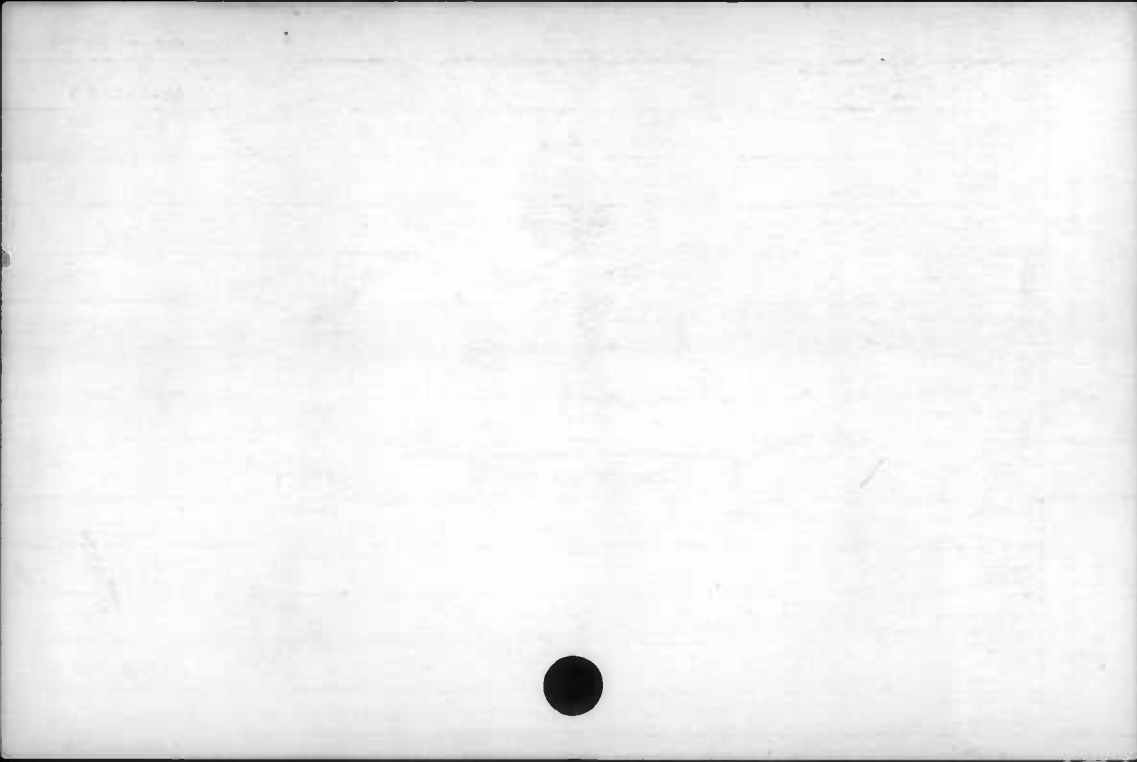
John Thomas Wilson		County		MARYLAND	
Died at <i>Bark Hill</i>		Town		County	
Date of death <i>1900</i>	Month <i>3</i>	Day <i>16</i>	Age <i>84</i>	Years <i>11</i>	Months <i>28</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Ind.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>with Son</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Angelina I. Coons</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

154 ✓

PHYSICIAN
OR CORONER

Primary	<i>Senile Decay</i>	How long	<i>—</i>
Immediate	<i>same</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Legg</i>	
		Address <i>Union Bridge, Md</i>	
Accident or Suicide <i>No</i>			



Name
in
Full572
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shipley</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1940</i>	Month <i>March</i>	Day <i>9</i>	Age <i>57</i> Years	Months <i>2</i> Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emily J. Miller</i>				
Father's Name <i>Laurence Zeph</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Sarah Ann Hook</i>	Mother's Birthplace <i>do</i>				
Name of person giving information <i>Emily J. Zeph</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. M. Sullivan</i>
	Address <i>Westminster Md</i>
Accident or Suicide?	

Sharon
Westminster Crescent